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JUL 20 2009

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Examiner: Kara Renita McMilliam

Group: 1617

Date: July 20, 2009

Client Code: 1932

Facsimile No.: 571-273-8300

From: Susan M. Abelleira, Esq.

Susan M. Abelleira, 42,252

Subject: Supplemental Amendment in Response to Examiner Interview

Docket No.: 1932.1064-033

Applicants: Chad Cori Huval *et al*

Application No.: 10/025,184

Filing Date: December 19, 2001

Number of pages including this cover sheet: 8

Please confirm receipt of facsimile: Yes ☒ No ☐

Comments:

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July 20, 2009

PATENT APPLICATION
DOCKET NO 1932.1064-033

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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JUL 20 2009

Applicant: Chad Cori Huval, Stephen Randall Holmes-Farley, John S. Petersen
and Pradeep K. Dhal

Application No.: 10/025,184

Group: 1617

Filed: December 19, 2001

Examiner: McMillian, Kara Renita

Confirmation No.: 8481

For: PHARMACEUTICAL COMPOSITION FOR TREATING
HYPERCHOLESTEROLEMIA (as amended)

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on	
July 20, 2009	<i>M. M. Eschauer</i>
Date	Signature
<i>Meredith M. Eschauer</i>	
Typed or printed name of person signing certificate	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Supplemental Amendment in Response to Examiner Interview for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

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The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT FEE	OR	RATE	ADDIT FEE
TOTAL	10	MINUS	* 20	0	X \$26	\$		X \$52	\$ 0
INDEP	2	MINUS	** 3	0	X \$110	\$		X \$220	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM					+ \$195	\$		+ \$390	\$
					TOTAL = \$ 0			TOTAL = \$ 0	

* not fewer than 20
** not fewer than 3

The Application Size Fee has been calculated as shown below:
(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to
			Rate	Total Amount Owed	Rate	Total Amount Owed	
			X \$135	\$[]	X \$270	\$[]	Sheets

Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

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Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	_____

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	_____

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Susan M. Abelleira
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Dated: July 20, 2009